



# Application form for Free Travel Pass

## How to complete application form for Free Travel Pass.

**Do not complete this form if you are aged 66 or over, are permanently living in the State and are getting a pension from this Department; we will send you a Free Travel Pass automatically.**

- Please read information booklet **SW 40** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 to 6 Please fill in all details.

If you need any help to complete this form, please contact your local Social Welfare Office or the Free Travel Section in Sligo.

# How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T		
---	---	---	---	---	---	---	---	--	--

Title: (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other

2. Surname:

M	U	R	P	H	Y														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

M	C	D	E	R	M	O	T	T											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N											
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

2	8	0	2	1	9	7	0
D	D	M	M	Y	Y	Y	Y

Contact Details:

7. What is your address?

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
C	O		D	O	N	E	G	A	L										

8. What is your telephone number?

0	1	7	0	4	3	0	0	0											
L	A	N	D	L	I	N	E												
0	8	6	1	2	3	4	5	6	7										
M	O	B	I	L	E														

9. What is your email address?

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

# SAMPLE



**10. How long have you lived at the address filled in at question 7?**

years	months
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If you lived at another address before the one in question 7, please give details here:

**11. Are you?**

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting

**12. If you are married, separated, widowed or divorced, when did you marry?**

	Day		Month		Year
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**Please attach your Marriage Certificate if married outside the Republic of Ireland.**

**13. Have you ever had a Free Travel Pass from this Department before?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Yes', please give details if your last Free Travel Pass was lost, stolen or destroyed:

**14. If you are a Widow or Widower aged 60-65, did your late spouse have a Free Travel Pass from this Department?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Please state your late spouse's:**

**Full name**

Surname
First name(s)
Birth surname

**Date of Birth**

	Day		Month		Year
--	-----	--	-------	--	------

**PPSN/Pension No**



### Part 3

### Free Travel Companion Pass

Certain incapacitated people can get a Free Travel Companion Pass if they are medically assessed as unfit to travel alone. This type of pass allows any one person, aged 16 or over, to travel for free with you. See Appendix 1, of information leaflet SW40 for more details.

22. Do you wish to apply for a Free Travel Companion Pass?  Yes  No

If you are applying for a Free Travel Companion Pass, we may send you another form for further details.

### Part 4

### To be completed in respect of a blind person or visually impaired child

A person from the National Council for the Blind or the National League of the Blind of Ireland should fill in this part, if necessary.

23. Is the applicant a registered blind person?  Yes  No

The person named in Part 1 is registered as a blind person with the National Council for the Blind or the National League of the Blind of Ireland (delete one).

Signature

(NOT block letters)

Date

Council or League Official Stamp

### Part 5

### Free Travel Companion Pass for a visually impaired child

The child's parent or guardian must sign the declaration below. Please make sure you read Appendix 1 of SW40 before completing this section.

24. Is the applicant a child with a visual impairment?  Yes  No

If the child is not registered as a blind person with the National Council for the Blind or the National League of the Blind of Ireland, please attach recent medical evidence of a visual impairment from the child's eye specialist.

I have read and agree to obey the conditions outlined in information booklet **SW40**.

Parent or guardian's  
signature

Date

Address

Telephone Number, if  
any

Landline

Mobile

## Part 6

## Checklist of certificates

If you do not send in all certificates and documents your application can not be processed and your application will be delayed. If you are not sending in certain certificates or documents, please enclose a note stating that they will follow later. There is no need to send in certificates if the birth or marriage occurred within the Republic of Ireland.

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No. or claim number on all correspondence. We can not accept photocopies. You will get back certificates.

### Are you sending in the following certificates or documents with your claim?

- **Your Birth Certificate** (if born outside the Republic of Ireland)  Yes  No
- **Your Marriage Certificate** (if married outside the Republic of Ireland)  Yes  No
- **Have you signed the declaration at Part 1**  Yes  No

### Please remember to sign the declaration in Part 1

You must supply your PPS number with your application. If you do not know this number, please call into your Local Social Welfare Office with identification. Also see information leaflet **SW100** for more information.

Send this completed form to:

#### Free Travel Section

Social Welfare Services  
Department of Social and Family Affairs  
College Road  
Sligo

If you have any problem filling in this form, please contact us at the following telephone numbers or call to your **local Social Welfare Office**:

Telephone: LoCall 1890 500 000 (from the Republic of Ireland only)  
or  
+ 353 71 9193315 (from Northern Ireland or overseas)

## **Data Protection and Freedom of Information**

**We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies in accordance with law.**

Explanations and terms used in this form are intended as a guide only and do not purport to be a legal interpretation.